UTAH DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE DIVISION
PO BOX 30560
SALT LAKE CITY UT 84130-0560

IN ORDER FOR THIS DEPARTMENT TO PROVIDE CERTIFIED RECORDS, THE FOLLOWING FORM(S) MUST BE COMPLETED, SIGNED, DATED, NOTORIZED AND RETURNED TO THIS OFFICE.

- ❑ DLD60 – Request for personal information
- ❑ DLD266 – Request for records
- ❑ D18 – Request for Accident Report Records

In order to expedite your next request, you are encouraged to make copies of the forms. We apologize for any inconvenience this may have caused. If you have any questions concerning your request, please contact this office at 801 965-4437.

The Driver License Division is required by R708-18 to charge a fee of $9.00 for searching its files and making a certified copy of the driving record of any person. No charge is made for certified driving records furnished to municipal, county, state or federal agencies. (53-3-104)

In order for our Department to answer requests promptly and accurately, it is essential that the following information be furnished.

  ➢ FULL NAME, INCLUDING MIDDLE INITIAL
  ➢ CORRECT ATE OF BIRTH
  ➢ UTAH DRIVER LICENSE NUMBER, IF KNOWN
  ➢ DATE OF OFFENSE SHOULD ALSO BE INCLUDED

ADDITIONAL FEES FOR CERTIFIED DRIVING RECORDS:

  ➢ Certified driving record, first 15 pages $9.00
  ➢ 16 to 30 pages $14.00
  ➢ 31 to 45 pages $19.00
  ➢ 46 or more pages $24.00

A check or money order made payable to Driver License Division should accompany your request and be forwarded to:

DRIVER LICENSE DIVISION
ATTN: CERTIFIED RECORDS
PO BOX 30560
SALT LAKE CITY, UT 84130-0560

TOTAL AMOUNT DUE: _____

Sincerely,

Judy Hamaker-Mann
Director
Driver License Division

Rev. 4-01

UTAH DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR RECORDS

(NOTE: This form DLD 266, or its substantial equivalent shall be used by all persons making a request for records of the Department of Public Safety pursuant to Utah Code Ann. Subsection 63-2-204(1), unless waived by the Department or a division.)

Please type or print all information:

Name of requestor: _____ Daytime telephone: _____

Organization (if any) _____ Date of request: _____

Mailing Address: _____

                  _____

                  _____

Description of Record(s) Requested:

_____

_____

_____

❏ Fee of $ _____ enclosed.

CERTIFICATION OF REQUESTER

(references are to the Government Records Access and Management Act, Chapter 2, Title 63, Utah Code Ann.)

I hereby represent and/or certify that I: (check any that apply)
   ❏ Am the subject of the record(s) (63-2-202(1)(a));
   ❏ Am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s) (63-2-202(1)(b) or (c)).
   ❏ Have power of attorney from the subject of the record(s)(63-2-202(1)(d)(1) or 63-2-202(3)(b)(1));
   ❏ Have attached a copy of a court order pursuant to Subsection 63-2-202(1)(e), 63-2-202(2)(a)(ii), or 63-2-202(3)(c), if necessary.

===:
THIS SECTION TO BE COMPLETED ONLY FOR REQUESTS BY GOVENMENTAL ENTITIES:

The governmental entity making this request:
   ❏ Is requesting nonpublic records and has completed and attached Form 2-206(5) (agreement to restrictions) (63-2-2-206(5)):
   ❏ Represents another governmental entity and is requesting records classified as private or controlled, and has completed and attached Form 2-206(2) (certain certifications) (--(2)).

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_____ _____
     (Date)   (Signature)

                               _____
                                      (Please type or print title)

COMMENTS: _____

          _____
RELS

UTAH DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR ACCIDENT REPORT RECORDS

(This form shall be used by all persons making requests for accident reports)

Please type or print all information

Name of requester: _____   Daytime telephone: _____

Organization (if any) _____   Date of request: _____

Mailing Address: _____   Date of Accident: _____

_____   Name of Driver: _____

_____   _____

❑ Fee of $ _____ enclosed.

CERTIFICATION OF REQUESTER

Utah code Annotated, 41-6-35 classifies written accident reports filed by peace officers as "protected". The department shall disclose copies of accident reports only to the following:

❑ A person involved in the accident, excluding a witness to the accident;
❑ A person suffering loss or injury in the accident;
❑ An agent, parent, or legal guardian of a person involved in the accident. An agent is a person's attorney, insurer, or any other individual or entity with written permission for the person to receive the person's written accident report;
❑ A licensed private investigator;
❑ A state, local, or federal agency that uses the accident report for official governmental, investigative, or accidental purposes;
❑ A member of the press or broadcast news media. Note: information provided to a member of the press or broadcast media is restricted.

Before releasing an accident report (protected record), evidence of the requestor's identity and eligibility to receive the report shall be obtained.

_____   _____
(Date)   (Signature of person receiving accident report)

_____
(Print or type full name)

COMMENTS: _____

_____

_____

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